

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OHIO VOTER FUND POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee JVA CAMPAIGNS LLC <input checked="" type="checkbox"/> estimated September 2016			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016		
Mailing Address 240 N 5TH ST SUITE 360			Amount 6000.00		
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : WFT2016832230-1		
Purpose of Expenditure September Literature estimated		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate CLINTON HILLARY			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee JVA CAMPAIGNS LLC <input checked="" type="checkbox"/> estimated September 2016			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016		
Mailing Address 240 N 5TH ST SUITE 360			Amount 6000.00		
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : WFT2016832234-1		
Purpose of Expenditure September Literature estimated		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate TRUMP DONALD			Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

[Electronically Filed]

Date

MM / DD / YYYY
09 / 03 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OHIO VOTER FUND POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00621995 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee JVA CAMPAIGNS LLC <input checked="" type="checkbox"/> estimated September 2016		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 01 / 2016</div> </div>	
Mailing Address 240 N 5TH ST SUITE 360		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6000.00</div>	
City State Zip Code COLUMBUS OH 43215	Transaction ID : WFT2016832235-1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure September Literature estimated	Category/Type	Name of Federal Candidate STRICKLAND TED	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee JVA CAMPAIGNS LLC <input checked="" type="checkbox"/> estimated September 2016		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 01 / 2016</div> </div>	
Mailing Address 240 N 5TH ST SUITE 360		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6000.00</div>	
City State Zip Code COLUMBUS OH 43215	Transaction ID : WFT2016832236-1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure September Literature estimated	Category/Type	Name of Federal Candidate PORTMAN ROB	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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HOLT DAVID

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Date

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09 / 03 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OHIO VOTER FUND POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee OVFPAC PAYROLL <input checked="" type="checkbox"/> estimated September 2016			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016		
Mailing Address 20 S 3RD ST SUITE 210			Amount 27000.00		
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : WFT2016832237-1		
Purpose of Expenditure September Canvassers estimated		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate CLINTON HILLARY			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee OVFPAC PAYROLL <input checked="" type="checkbox"/> estimated September 2016			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016		
Mailing Address 20 S 3RD ST SUITE 210			Amount 27000.00		
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : WFT2016832239-1		
Purpose of Expenditure September Canvassers estimated		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate TRUMP DONALD			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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HOLT DAVID

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Date

MM / DD / YYYY
09 / 03 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 4
FOR SE OF FORM 24/48NAME OF COMMITTEE (In Full)
OHIO VOTER FUND POLITICAL ACTION COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00621995Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee

OVFPAC PAYROLL☒ estimated September 2016Mailing Address 20 S 3RD ST
SUITE 210City
COLUMBUSState
OHZip Code
43215Purpose of Expenditure
September Canvassers estimatedCategory/
Type

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
09 01 2016

Amount

27000.00

Transaction ID : WFT2016832240-1

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y

Name of Federal Candidate
STRICKLAND TED☒ Support
☐ OpposeOffice Sought: ☐ House District: _____
☐ President ☒ Senate State: OHCalendar Year-To-Date
Per Election for Office Sought

38141.00

Disbursement For: ☐ Primary ☒ General
2016 ☐ Other (specify) ▶

Full Name of Payee

OVFPAC PAYROLL☒ estimated September 2016Mailing Address 20 S 3RD ST
SUITE 210City
COLUMBUSState
OHZip Code
43215Purpose of Expenditure
September Canvassers estimatedCategory/
Type

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
09 01 2016

Amount

27000.00

Transaction ID : WFT2016832241-1

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y

Name of Federal Candidate
PORTMAN ROB☐ Support
☒ OpposeOffice Sought: ☐ House District: _____
☐ President ☒ Senate State: OHCalendar Year-To-Date
Per Election for Office Sought

38141.00

Disbursement For: ☐ Primary ☒ General
2016 ☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶(c) **TOTAL** Independent Expenditures..... ▶

12000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 03 2016

Signature